

**SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH
HEALTH CAREER SCHOLARSHIP APPLICATION**

The \$1,000 **SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH HEALTH CAREER SCHOLARSHIP** is to be applied toward educational expenses in an accredited two-year or four-year college, university, school of nursing, or technical school during the coming academic year.

Name _____ Phone # _____

Address _____
Street City State Zip

Social Security # _____ Date of Birth _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Number of Older Brothers _____ Younger Brothers _____

Number of Older Sisters _____ Younger Sisters _____

List family members who are now in college or other post-high school education and who are partially or wholly supported by your parents. Also, indicate the year in which they will **end** their education. _____

Are you employed outside of school? _____ If yes, where? _____

What jobs have you had in the past? _____

Will you be employed this summer? _____ If yes, where? _____

High school academic standing: Rank _____ # in class _____ GPA _____

Have you attended the Health Occupational Course at SJRMC-Plymouth? ___Yes ___No

List your extra-curricular activities in high school: _____

List your extra-curricular activities out of high school: _____

What honors and awards have you received? _____

What college or school do you plan to attend? _____

**Saint Joseph Regional Medical Center - Plymouth
Health Career Scholarship Application
Page 2**

Type of School<(check one)

- Two-Year Junior or Community College
- Four-Year College or University
- Vocational/Technical School

Type of Program<(check one)

- Dietetics
- Medical Technology
- Nursing-RN
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Radiology
- Respiratory Therapy
- Speech Pathology
- Other _____

Type of Certificate/Degree _____

Enrollment<*&ej gem'qpg+'*****> Full-time Part-time

Expected Graduation Date: (Month/Year) _____

What will be your college or school major? _____

For what career are you preparing? _____

What other scholarships or financial aid will you **definitely** receive? _____

To what extent will you and your family be able to finance your college expenses? (Example: Assuming total cost for one year of school is \$20,000 what percentage of this can you and your family pay?) _____

Please use the following space (or attach a separate sheet) to write a statement of your background, educational goals, an explanation on why you have chosen the healthcare field, and any other information which might be helpful to the committee in selecting a winner of the **SAINT JOSEPH REGIONAL MEDICAL CENTER-PLYMOUTH HEALTH CAREER SCHOLARSHIP**.

If chosen to receive a **Saint Joseph Regional Medical Center-Plymouth Health Career Scholarship**, I will attend a press conference in the lobby of SJRMC-Plymouth at a future date to receive my check. Upon completing my first year of college, I will give a report on my progress.

Applicant's Signature _____ Date _____